



Plan Info	BIN: 020545, PCN: RXA374, RxGroup: RXGMCNE01 (RX5460 – CHIP599 Unborn)	BIN: 610494, PCN: 4444, RxGroup: ACUNE (ACUNEUB – CHIP599 Unborn)	BIN: 004336 PCN: MCAIDADV RxGroup: RX8896
Eligibility Line	1-844-385-2192	1-866-331-2243	1-855-599-3811
Help Desk #	1-800-974-5268	1-877-231-0131	1-855-599-3811
Prior Authorizations	Phone: 1-844-330-7852, Fax: 1-877-386-4695 or https://www.covermymeds.com/epa/envolve/rx/	Phone: 1-800-310-6826, Fax: 1-866-940-7328 www.unitedhealthcareonline.com	1-855-599-3811, Fax: 1-877-276-9630 or https://www.wellcare.com/en/nebraska
PDL/Formulary	https://www.nebraskatotalcare.com/	https://www.uhccommunityplan.com/	https://www.wellcare.com/en/nebraska
Vaccines	Flu, pneumococcal, Zostavax and meningococcal for members 21 and older	Flu and pneumococcal ages 19 and older (Incentive amount: \$10, Reason service code: MA)	Flu, pneumococcal & tetanus diphtheria toxoid for 19 and older; Zostavax and Shingrix for 50 and older; Gardasil for 19-26
DME	True Metrix Meters free from NTC; True Metrix strips billed through POS and are free for members. POS: Glucometers, Blood glucose testing strips, Lancets, Alcohol swabs, Needles and syringes, Spacers, Diabetic Testing solution, Ketostix, Aerochambers, Respiratory Saline for nebulizer.	One Touch is preferred. POS: Glucometers, Blood glucose testing strips, Lancets, Alcohol swabs, Needles and syringes, Spacers, Diabetic Testing solution, Ketostix, Aerochambers, Respiratory Saline for nebulizer.0.9%	OneTouch Verio and Ultra meters and strips are preferred. POS: Glucometers, Blood glucose testing strips, Lancets, Alcohol swabs, Needles and syringes, BD Pen Needles, Spacers, ,Glucose Control Solution In Vitro, Ketostix, Aerochambers, Respiratory Saline for nebulizer, In-Check Dial Flow Trainer Device, Peak Flow Meter Device.
MTM	1-877-237-0050 or https://www.outcomesmtm.com/	https://www.outcomesmtm.com/	In-house services
MAC Concerns	1-800-974-5268 https://pharmacysupport.rxadvance.com	1-877-633-4701 (opt 7) or email: rxreimbursement@optum.com	1-800-364-6331



Specialty Pharmacy List	www.nebraskatotalcare.com/providers/pharmacy.html	In progress	https://cvscaremarkspecialtyrx.com/wps/portal/specialty/patients/drugs-conditions
Specialty Pharmacy Contracting	email: Jamie.R.Benson@nebraskatotalcare.com	email: orx_specialty_pharmacy_network_request@optum.com	email: specialtypharmacyapplications@cvscaremark.com
Retail Contracting	1-866-488-4708	1-877-633-4701 (opt 2) or email: provider.relations@optum.com	1-866-488-4708
DME Contracting	844-385-2192 (ask for contracting) or email: networkmanagement@nebraskatotalcare.com	1-866-331-2243 or email: nebraska_pr_team@uhc.com	1-855-599-3814 or https://www.wellcare.com/nebraska/providers/medicaid
DME Web Submission Instructions	Web based claim submission is available to providers who are registered with NTC: https://www.nebraskatotalcare.com/providers.html	Web based claim submission is available to providers who are registered with UHC: http://www.uhccommunityplan.com/health-professionals/ne/members-information.html	Web based claim submission is available to providers who are registered with WC: https://www.wellcare.com/en/Nebraska/Providers/Medicaid/Claims/Electronic
DME EDI Submission Instructions	Providers will set up an account through their clearinghouse utilizing the Nebraska Total Care EDI payer ID 68069.	Accepting several clearinghouses including: Web MD ENVOY, Medavant, and ENSHealth. Further information on support for the EDI claim submission is available at the following link: http://www.uhccommunityplan.com/health-professionals/ne/electronic-data-interchange.html United Health Care EDI Payer ID 87726	RelayHealth, a division of McKesson, manages all EDI claims between WellCare and providers. If you need assistance making a connection with RelayHealth or have any questions, please contact RelayHealth directly at 1-888-499-5465, or your vendor may call 888-743-8735. https://www.wellcare.com/Nebraska/Providers/Medicaid/Claims/Electronic WellCare-- EDI payer ID: 14163
DME Paper Submission Instructions	Providers can submit paper claims with or without supporting documentation to the claims address below: Nebraska Total Care PO Box 5060 Farmington, MO 63640-5060	Paper claims with supporting documentation may be submitted to the following address: UnitedHealthcare PO Box 31365 Salt Lake City, UT 84131	Paper claims with supporting documentation can be submitted to: WellCare Health Plans PO Box 31224 Tampa, FL 33631-3244
DME Copays	No copay on DME products and supplies	No copay on DME products and supplies	\$3 copay on most DME products, further details available in the provider manual.